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FROMMER LAWRENCE & HAUG LLP

745 Fifth Avenue
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Telephone: (212) 588-0800
Facsimile: (212) 588-0500
E-mail: Firm@flhlaw.com

FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Pesin, Boris M.

Firm: U.S. Patent and Trademark Office
Art Unit 2174

Facsimile: (571) 273-8300

From: Thomas F. Presson

Date: November 22, 2005

Re: FLH Ref No.: 450100-03176
Serial No: 09/841,957

Number of Pages: 12
(including cover page)

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00326984

PATENT
450100-03176

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Isao KAWASHIMA, et al.
Serial No. : 09/841,957
Filed : April 25, 2001
For : SYSTEM AND METHOD FOR ACCESSING DATA USING
PLURALITY OF INDEPENDENT POINTING DEVICES

Examiner : Pesin, Boris M.
Art Unit : 2174
Confirmation No. : 6050

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	10	Minus	** = 40	* 0 x	\$50 (25)	= \$ 0
Independent claims	4	Minus	*** = 19	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

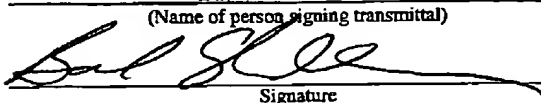
- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via facsimile to (571) 273-8300 on November 22, 2005.

Barnet Shindlman

(Name of person signing transmittal)



Signature

November 22, 2005

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By: 

Thomas F. Presson
Reg. No. 41,442
Tel: 212-588-0800

00326983

U.S. Appln. No. 09/841,957
Reply to Office Action dated August 29, 2005

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450100-03176

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Barnet Shindlman

(Name of person signing transmittal)


Signature

November 22, 2005

Date of Signature

AMENDMENT UNDER 37 C.F.R. § 1.121

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the non-final Office Action mailed on August 29, 2005, having a
three-month statutory period for response set to expire on November 29, 2005, please amend the
above-identified application as follows.

U.S. Appl. No. 09/841,957
Reply to Office Action dated August 29, 2005

PATENT
450100-03176

Amendments to the Claims are reflected in the listing of claims which begins on
page 3 of this paper.

Remarks/Arguments begin on page 7 of this paper.